

Limited English Proficiency (LEP) Plan

2023



Limited English Proficiency (LEP) Plan

Hennepin Health
Last updated 10/2022

1. Purpose

The purpose of this plan is to document the policies and procedures as it applies to providing meaningful access (language access) to individuals with Limited English Proficiency (LEP) while accessing services covered by Hennepin Health.

2. Authorities

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 1557 of the Affordable Care Act (ACA) (Section 1557).
<https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf>
- Office for Civil Rights Policy Guidance, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68FR 47311 (2003).
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>
- Department of Justice regulation, 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation. http://www.justice.gov/crt/grants_statutes/correg6.txt
- Communications Services, Minnesota Statute § 15.441, subd (1), (2), (3), (4).
<https://www.revisor.leg.state.mn.us/statutes/?id=15.441&format=pdf>
- Information for persons with limited English language proficiency, Minnesota Statute §256.01 subd 16. <https://www.revisor.mn.gov/statutes/?id=256.01>
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

3. Definitions

- **Bilingual staff** – A Hennepin Health employee who:
 - i. has met and demonstrated the minimum linguistic proficiency and fluency requirements in both languages (target and source languages),
 - ii. has demonstrated cultural responsiveness
 - iii. has developed skills and abilities as an interpreter and understands boundaries and roles as an interpreter

- iv. abides by the National Code of Ethics and Standards of Practice for Healthcare Interpreters by NCIHC, or Canons and professional code of ethics, AND

When bilingual staff are providing interpreter services for individuals with limited English proficiency, the above criteria are required in addition to at least one of the following:

- i. the bilingual staff is Healthcare Certified Interpreter (CHI, CoreCHI), Certified Medical Interpreter (CMI), or a Federal or State Court certified interpreter
- ii. has received healthcare interpreting training (minimum of 40 hours)
- iii. has received community interpreting training (minimum of 40 hours)

Hennepin Health keeps records and documentation of the credentials for its Bilingual Staff.

- **Culturally appropriate services** – Is the utilization or application of services, testing, and any other methodology that does not have the effect of subjecting individuals with LEP, and/or their families to discrimination because of their race, color, or national origin, or does not have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color, or national origin. 45 CFR § 80.3(b)(2).
- **Effective communication** - In a healthcare and social services delivery setting, effective communication occurs when provider staff have taken the necessary steps to make sure that a person with Limited English Proficiency is given adequate information to understand the services and benefits available and receives the information and services for which they are eligible. Effective communication also means that a person with Limited English Proficiency (LEP) can communicate the relevant circumstances of their situation to the provider, and the provider has access to the adequate information to do their job.
- **I Speak Cards** - “I Speak” Cards communicate both in English and the target language “I need a (target language) interpreter.”
- **Individual with Limited English Proficiency (LEP)** – A person with Limited English Proficiency or “LEP” is not able to speak, read, write, or understand the English language well enough to allow them to interact effectively with healthcare, social services agencies, and other providers.
- **Interpreting** - Interpreting means the oral, verbal, or spoken transfer of a message from the source language into the target language. There are different modes of interpreting such as consecutive, simultaneous, sight-translation, and summarization.
- **Language Block** – Is a block of text that informs readers, in 15 different languages, how they can get free help interpreting the information on a particular document. The Language Block may also be included as an insert (stuffer) in appropriate documents.

- **LEP implementation team** - Individuals appointed or designated by the CEO to review LEP implementation activities within Hennepin Health.
- **Meaningful access** - Meaningful access to programs, information, and services is the standard of access required of federally funded entities to comply with language access requirements of Title VI of the Civil Rights Act of 1964. To ensure meaningful access for individuals with Limited English Proficiency, service providers must make available to clients, patients, and their families, language assistance that is free of charge and without undue delay resulting in accurate and effective communication.
- **Office for Civil Rights (OCR)** - The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Minnesota for health and human services agencies and providers.
- **Primary languages** - Primary languages are the languages other than English that are most commonly spoken by clientele as identified by Hennepin Health’s collection of demographic data. Currently there are three primary languages: Spanish, Somali and Hmong.
- **Qualified interpreter** - A person who either has met training and competency requirements, or who is a certified healthcare, or a certified federal or state court interpreter, and in good standing before their certifying body, AND adheres to the interpreter National Code of Ethics and Standards of Practice for Interpreters in Health Care (National Council on Interpreting in Health Care –NCIHC), the canons of ethics and conduct for court interpreters, or other relevant ethical standards for interpretation services.
- **Sight translation** - The verbal translation (transfer) of a written document from the source language into the target language.
- **Translation** - Translation means the written transfer of a message from the source language into the target language.

4. **Methods of providing services to individuals with LEP**

The primary methods used are:

- Translated documents
- Translated audio media
- Telephonic interpretive services
- In-person interpreters

Contracted qualified interpreters:

- All in One Translation
- AZ Friendly Languages, Inc.
- Global Language Connections

- Kim Tong Translation Services
- Language Line Solutions
- Middle English Interpreting (American Sign Language)
- Surad Interpreting
- University Language Center

Telephonic interpretive services:

- Language Line Solutions

Qualified and competent bilingual staff:

- Mauricio A. Barrios – Spanish
- Aleida Salazar – Spanish
- Jote D. Betel – Oromo, Amharic, Swahili and Arabic
- Chaltu Omar – Oromo

LEP Liaison & Coordinator:

Christine Hauschildt

Christine.Hauschildt@hennepin.us

LEP Liaison back-up:

Marilee Moritz

612-543-1245

Marilee.Moritz@hennepin.us

5. Interpreter services

Hennepin Health, without undue delay and at no cost to individuals with LEP and/or their families, provides meaningful access to information and services to all individuals with LEP and/or their families with whom Hennepin Health comes in contact.

6. Translation of documents

Hennepin Health contracts with qualified translators or translating agencies to assist individuals with LEP in translating all vital documents, or documents needed to perform services.

7. Dissemination and mandatory training to agency staff , volunteers, and others

Hennepin Health is committed to providing LEP training to:

- All staff at new employee orientation, and
- At least once a year to all staff, including temporary employees, volunteers, and contractors.

Hennepin Health documents all completed training by individuals and such documentation is maintained as part of their personnel files. Record of this training will be kept for 10 years and is

readily available during regulatory audits, investigations, any other regulatory proceeding and as required by law.

This training is to include at least the following:

- Title VI of the Civil Rights Act of 1964
- How to work effectively with interpreters, and
- Any other cultural issues related to delivery of information and services to individuals with LEP served by Hennepin Health.

This policy is added to the Manual of Policies and Procedures of Hennepin Health.

Dissemination of language access information in public areas

Hennepin Health makes available to individuals with LEP:

- Notice of language access services by posting in public areas the “[Language Poster](#)”, available through DHS public web site (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4739-ENG>)
- “[I need an interpreter](#)” card available in 15 languages and from DHS public Web site (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4374-ENG>)
- Catalogue of Languages (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4059-ENG>)

8. Annual review of LEP plan

Hennepin Health annually reviews its LEP plan to adjust or modify its contingencies based on demographic data collected by Hennepin Health during its delivery of information and services to individuals with LEP throughout the year.

Hennepin Health submits its LEP plan annually, or upon request, to DHS.

9. Annual review of marketing and communications strategy

Hennepin Health annually reviews its marketing and communications strategy, to determine how Hennepin Health can better serve individuals with LEP through materials directed towards enrollees or potential enrollees. This includes printed materials as well as those shared through other mediums such as website content, social media, transit advertisements, radio and digital. As part of the annual review, the LEP coordinator solicits member and staff feedback on current LEP practices to ensure continuous improvement.

10. Collection of data and its analysis

Hennepin Health is committed to monitoring and making reasonable adjustments to comply with Title VI requirements. Hennepin Health does not collect data outside of what DHS provides as part of the enrollment files.

11. Complaint process:

Individuals with LEP have the right to file a formal complaint with:

- Hennepin Health Member Services who will work with the Hennepin Health grievances coordinator.
 - Phone #: 612-596-1036
 - Press 1 for members.
 - Press 2 for providers.
 - Hours of operation are Monday – Friday, 8 a.m. – 4:30 p.m.

Mailing address:

Hennepin Health
300 South Sixth Street MC 604
Minneapolis, MN 55487-0604

Email address: Hennepinhealth@hennepin.us

- Minnesota Department of Human Services (DHS), Limited English Proficiency (LEP) Coordinator:
 - Alejandro Maldonado
651-431-4018
P.O. Box 64997
Saint Paul, MN
55164-0997
alejandro.maldonado@state.mn.us
Fax 651-431-7444
MN Relay 711 or 800-627-3529
- Office for Civil Rights (OCR), Region V – Chicago, IL
 - Celeste Davis, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice phone 800-368-1019
FAX 312-886-1807
TDD 800-537-7697
 - <http://www.hhs.gov/ocr/civilrights/complaints/index.html>

This LEP plan is available in public areas of Hennepin Health, to all staff, volunteer, and contractors, and to members of the community.

Revisions to this LEP plan

Creation October 2019 By Danny Lee and other Hennepin Health internal stakeholders

First revision (change) July 2020 *Sean Barrett and other internal stakeholders. Changes were minor and primarily involved language clean-up, clarifications and updated contact information.*

Second revision October 2021 *Sean Barrett and other internal stakeholders. Added information on annual review of marketing and communications strategy. All other changes were minor.*

Third revision October 2022 *Christine Hauschildt and other internal stakeholders. LEP coordinator role updated, Hennepin Health mailing address updated. Contracted qualified interpreters and bilingual staff lists updated. Additional information related to member feedback included in marketing and communications. Translated audio media added to methods of providing services.*

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